

SURGERY OF REPAIR AS APPLIED TO HAND INJURIES. By B. K. Rank, M.S., F.R.C.S., F.R.A.C.S., and A. S. Wakefield, M.S., F.R.C.S., F.R.A.C.S. (Pp. 256 + xiv; figures 188. 40s.). Edinburgh: E. and S. Livingstone. 1953.

IN most books of general or operative surgery mention of the hand is mainly confined to the treatment of sepsis, with little or no reference to the special application of surgery to hand injuries. The present era of antibiotics has not only changed the whole picture of sepsis but has vastly improved the results of repair. In these days of increasing mechanisation the hand is increasingly liable to varied and severe damage, and a book dealing exclusively with this problem is both important and welcome.

This book is little concerned with the works or results of others—some may think too little—but with the first-hand experience of the authors. This makes for a refreshingly readable book, which, while freely acknowledging the inspiration of pioneers such as Gillies, Bunnell, and Seddon, in no way undertakes to agree with them in all their opinions.

The social and economic aspects of hand injuries are reviewed, the anatomy is covered in very considerable detail, but always from the point of view of movement and function, which gives it a life and interest which is so lacking in the dissecting-room outlook of the usual text-book.

The importance of organisation, team work, and continuity throughout all phases of reconstruction and repair is emphasised. Correct primary treatment is described and is essential if secondary repairs are to have the best chance of success. The authors have some sharp, but in many cases deserved, criticisms to make of the outlook which has prevailed all too long in some hospitals on this matter, and there is a very clear and practical section on the examination and assessment of injuries.

Indications for repair of deep structures at the time of injury are discussed in the same clear style. This is a typical sample—"Fractures and dislocations must be reduced and maintained, but whether or not tendons and nerves are repaired is a different matter. Physical continuity in these structures is insufficient—they must function. They cannot function in a mass of scar tissue, so that if the highest standard of primary healing cannot be anticipated with absolute confidence the repair of tendon or nerve is generally ill-considered at the primary procedure."

General principles of operative technique are given, including the use of a tourniquet, so essential especially in the intricate and tedious procedures of nerve and tendon repair. Not all will favour the authors' recommendation to use a light Esmarch bandage both for the exsanguination and as a tourniquet. In their experienced hands accurate judgment of the exact tension to overcome arterial pressure and no more may come easily, but the inflatable cuff which they do not favour, if applied evenly and used with a pressure gauge, is in our opinion more suitable for general use.

After-treatment is well described, and the old mistaken idea of early movement after repair is suitably condemned and the fact emphasised that "Early healing rather than early movement" will lead to the fullest range, especially in tendon repairs. In the cases where primary repair is not actually contra-indicated—such as flexor tendons in the finger tunnels—they favour primary repair in many areas usually regarded as optional. Primary nerve suture is also contrary to generally accepted practice.

Much useful material is given on the technique of delayed repair of deep structures. One will not necessarily agree with all the details, but they only claim to set down what they themselves have found most useful, as this in no way detracts from the value of this excellent book.

No review of this work could be complete without mention of the very large collection of beautifully reproduced photographs and drawings, which, combined with very clear lay-out, make it typical of the publishers' best work.

W. S. B.